

"FEE ADDRESS" INDICATION FORM

Address to:
Mail Stop M Correspondence
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Fax to:
571-273-6500

- OR -

Please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with the following customer number

☒ Customer Number

| |
|--------------|
| 15313 |
|--------------|

Type Customer Number here

OR

☐ Request for Customer Number (PTO/SB/125) attached hereto

in the following listed application(s) for which the Issue Fee has been paid or patent(s).

| PATENT NUMBER (if known) | APPLICATION NUMBER |
|-----------------------------|-----------------------|
| 6,887,899 | 09/604,158 |

(check one)

☐ Applicant/Inventor

☒ Attorney or Agent of record 37,136
(Reg. No.)

☐ Assignee of record of the entire interest. See 37 C.F.R. § 3.71. Statement under 37 C.F.R. § 3.73(b) is enclosed.

☐ Assignment recorded at Reel _____ Frame _____

/Willem F. Gadiano/

Signature

Willem F. Gadiano

Typed or printed name

703-816-4057
Requester's telephone number

November 9, 2012

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*

☒ *Total of 1 form/s are submitted.